

Barcelona (Spain), July 1st 2010.

**Name of Bankruptcy Court:** United States Bankruptcy Court  
Southern District of New York  
**Name of the Debtors:** Lehman Brothers Holdings INC.  
**Case Number:** Chapter 11 Case No. 08-13555 (JMP)  
**Title of the Objection:** Foreign Currency Claims

**Name of the claimant** Sira Herrera Martinez  
**Claim Number** 1670  
**Basis of the amount of the claim** Eur 200,000.000 Fixed Rate Enhanced Capital  
Advantaged Preferred Securities (Euro Ecaps)

**Adress** CL EDUARD TOLRA 8 BA  
EL MASNOU BARCELONA, 08320 SPAIN

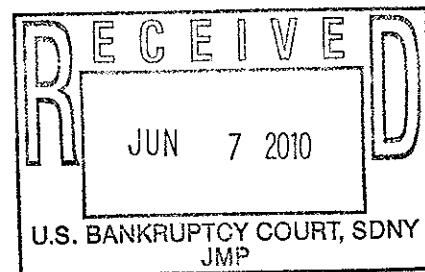
**Reasons why the claim should not be disallowed**

I filed the amount of the claim in Euros because this is the currency of my investment. I wish you accept my apologies for the reason given and I would be grateful if you could change the amount of the claim as follows:

- Amount of the claim in Euros 37.000€
- Current Exchange value at 09/15/2008 1,4151 \$/€
- Amount of the claim in Dollards 52.358,70\$


This Objection relies on the documentation sent in the Proof of the Claim, wich I attached again.

Thank you in advance for your kind understanding.



Sira Herrera Martínez

B 10 (Official Form 10) (12/07)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>DISTRICT OF:</b>	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Lehman Brothers Holdings Inc.</b>		Case Number:	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>SIRA HERRERA MARTINEZ</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim No.: _____ (If known)	
Name and address where notices should be sent: <b>CL EDUARD TOLRA 8 BA 08320 EL MASNOU, BARCELONA - ESPAÑA</b>		Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number:			
Name and address where payment should be sent (if different from above):			
Telephone number:			
<b>1. Amount of Claim as of Date Case Filed: EUR 37,000</b>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).	
<b>2. Basis for Claim:</b> EUR200,000,000 Fixed Rate Enhanced Capital Advantaged Preferred Securities (Euro ECAPS®)  (See instruction #2 on reverse side.)		Amount entitled to priority: \$ _____	
<b>3. Last four digits of any number by which creditor identifies debtor:</b> XS0282978666  <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>4. Secured Claim (See instruction #4 on reverse side.)</b>  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000001670  e of perfection of a side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:			
<b>7. Documents:</b> Attach red purchase orders, invoices, security agreements.  You may also attach a summary security interest. You may also attach a summary security interest. You may also attach a summary security interest.			
DATE: 24-Oct-2008  Signature: _____  The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		<div style="border: 2px solid black; padding: 10px; text-align: center;"> <b>FILED / RECEIVED</b>   <b>JAN 12 2009</b>   <b>EPIQ BANKRUPTCY SOLUTIONS, LLC</b> </div>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both - 18 U.S.C. §§ 152 and 3571.

B 10 (Official Form 10) (12/07) - Cont.

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules. **Items to be completed in Proof of Claim form**

##### Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

##### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

##### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

##### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, and services performed, personal scanning, injury /wrongful death, car loan, mortgage note, and credit card.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**  
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

##### 3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

##### 4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is

fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

##### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be Fill in the name of the person or entity asserting a claim and the name and address partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

##### 6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

##### 7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

##### Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

#### DEFINITIONS

##### Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

##### Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

##### Claim

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

##### Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

##### Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

##### Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

##### Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

##### Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax- identification, or financial-account number, all but the initials of a minor's name and only the year of any of person's date of birth.

##### Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

#### INFORMATION

##### Acknowledgment of Filing of Claim

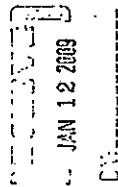
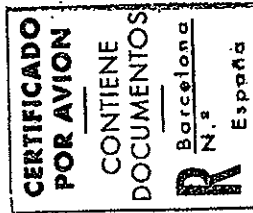
To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

##### Offers to Purchase a Claim

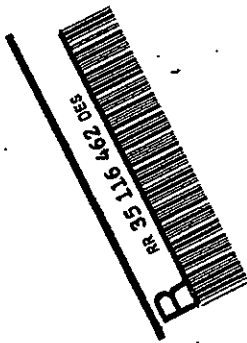
Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.





CERTIFICADO




Lehman Brothers Holdings Claims  
Processing  
c/o Edq Bankruptcy Solutions, LLC  
FDR Station,  
P.O. Box 5076  
New York, NY 10150-5076  
USA



Grupo Deutsche Bank

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)	UNIQUE ID#	Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000010420
Name of Debtor Against Which Claim is Held	Case No. of Debtor		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) LBH (MERGE2.DBF.Txn2) Txnum2 #: 4000001664**** MARTINEZ, SIRA HERRERA CL EDUARD TOLRA 8 BA EL MASNOU, BARCELONA 08320 ESPANA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Telephone number: _____ Email Address: _____			
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number: _____ Email Address: _____			
1. Amount of Claim as of Date Case Filed: \$ <u>EUR 37.000</u> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <a href="http://www.lehman-claims.com">http://www.lehman-claims.com</a> if claim is based on a Derivative Contract or Guarantee.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  Amount entitled to priority: \$ _____	
2. Basis for Claim: <u>EUR 200.000.000 FIXED RATE ENHANCED CAP.</u> (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: <u>X502P97P666</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.)			
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		FOR COURT USE ONLY	
Date: <u>31-08-2009</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 	<div style="border: 1px solid black; padding: 5px; text-align: center;">FILED / RECEIVED SEP 04 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC</div>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

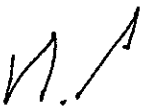
B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF:	PROOF OF CLAIM
Name of Debtor: Lehman Brothers Holdings Inc.		Case Number:	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): SIRA HERRERA MARTINEZ		(1) Check this box to indicate that this claim amends a previously filed claim. Court Claim No.: _____ (if known)	
Name and address where notices should be sent: CL EDUARD TOLRA 8 BA 08320 EL MASNOU, BARCELONA - ESPAÑA		Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number:			
Name and address where payment should be sent (if different from above):			
Telephone number:			
1. Amount of Claim as of Date Case Filed: EUR 37.000 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).	
2. Basis for Claim: EUR200,000,000 Fixed Rate Enhanced Capital Advantaged Preferred Securities (Euro ECAPS®) (See instruction #2 on reverse side.)		Amount entitled to priority: \$ _____	
3. Last four digits of any number by which creditor identifies debtor: XS0282978666 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
DATE: 24-Oct-2008 Signature:  The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		FOR COURT USE ONLY	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**ANNEX 1**

**DETAILS OF THE PREFERRED SECURITIES AND THE BENEFICIAL OWNER**

<b>Name of the beneficial owner of the Preferred Securities</b>		<b>Email address</b>
SIRA HERRERA MARTINEZ		
<b>Postal address</b>		
CL EDUARD TOLRA 8 BA 08320 EL MASNOU, BARCELONA - ESPAÑA		
<b>Preferred Securities</b>		
EUR200,000,000 Fixed Rate Enhanced Capital Advantaged Preferred Securities (Euro ECAPS®)		
<b>Issue Program</b>		
Euro Fixed Rated Enhanced Capital Advantaged Preferred Securities (Euro ECAPSSM)		
<b>ISIN Code</b>	<b>Issue Date</b>	
XS0282978666	25th January, 2007	
<b>Issuer</b>	<b>Guarantor</b>	
Lehman Brothers UK Capital Funding IV LP	Lehman Brothers Holdings Inc.	
<b>Nominal Amount (per Preferred Security)</b>	<b>No. of Preferred Securities</b>	
1000	37	
<b>Aggregate Nominal Amount</b>		
37000		
<b>Bank who acted in the purchase of the Preferred Securities</b>		
DEUTSCHE BANK S.A.E.		
<b>Current custodian bank</b>	<b>Clearing system</b>	
DEUTSCHE BANK S.A.E.	EUROCLEAR BANK S.A. / N.V.	
<b>Signature of the beneficial owner of the Preferred Securities</b>		
		
Dña. Sira Herrera Martínez		

Deutsche Bank



**ORDEN DE VALORES**

<b>CUENTA DE VALORES</b> Formato CCV				<b>TITULARIDAD</b>		<b>N.I.F. (1)</b>
Entidad	Oficina	DC	Nº cuenta	- SIRA HERRERA MARTÍNEZ		- 43519731-M
0019	0010	17	0100804861	- FCO. JAVIER SANZ MIRATS		- 52390485-G

<b>TIPO DE OPERACIÓN ESCRIBA</b> la operación a realizar (2)	COMPRA
En modificación/anulación de órdenes, anotar el NÚMERO DE ORDEN	

CÓDIGO VALOR	CLASE DE VALOR (ACCIONES, OBLIGACIONES) (3) Y DENOMINACIÓN VALOR (EMISORA Y EMISIÓN)	CANTIDAD			CAMBIO LÍMITE (4)	PLAZO VALIDEZ (5)
		Nº VALORES	NOMINAL	MONEDA		
	LEHMAN BROTHER 5.75 % ANUAL CALL 25.04.12	50	50000	EUROS		

<b>CONDICIONES DE LA OPERACIÓN</b> (Indicar cualquier característica no reflejada en el cuadro anterior) (6)	
<b>TIPO DE EJECUCIÓN (7)</b>	<b>VALORES MÍNIMO (7)</b>

<b>TRASPASO DE VALORES</b>	
SOLICITUD DE VALORES A OTRA ENTIDAD	ENTIDAD: _____
ENTREGA DE VALORES A OTRA ENTIDAD	REFERENCIA BANCARIA: _____
<small>Nota: Cuando la orden de traspaso se refiere a SOLICITUD de valores depositados en otra Entidad, se deberá adjuntar la documentación que exija la Entidad para que ésta pueda proceder a la cumplimentación de sus instrucciones por nuestra mediación.</small>	

<b>IDENTIFICACIÓN DEL ORDENANTE, SI ES DISTINTO DEL TITULAR</b>	<b>N.I.F. (1)</b>

El ordenante hace constar que recibe copia de la presente orden, y que conoce su significado y transcendencia, así como la tarifa de comisiones y gastos aplicables que lleva implícita la operación, autorizando a la Entidad a asentar los importes en otra cuenta que posea si en caso de débito no tuviera saldo disponible en la indicada para atender su liquidación y, en último extremo, a la enajenación de los valores en la cantidad necesaria para resarcirse de la cantidad que acredite, así como a reclamar la cantidad adeudada, o la parte de la misma que queda pendiente después de realizar la venta, y sus intereses al tipo publicado por la entidad en cada momento para los descubiertos en cuenta.

El ordenante declara que conoce las condiciones para operaciones de bolsa que constan en la página siguiente.

<b>ADEUDO /ABONO EN LA CUENTA</b> CÓDIGO CUENTA-CLIENTE (C.C.C.)			
Entidad	Oficina	D.C.	Nº de cuenta
0019	0010	14	4210006966

**FIRMA DE/LOS ORDENANTE/S**

Firmado: SIRA HERRERA MARTÍNEZ

Fecha: 31/05/2007

ARCHIVO JUSTIFICANTE DE ÓRDENES (RD 629/93 Y CIRCULAR 3/93 DE C.N.M.V.)			
SUCURSAL	FECHA	HORA/MINUTO	NÚMERO DE ORDEN
0010 - SANT ANDREU	31/05/07		



**Deutsche Bank** 

**LIQUIDACION DERECHOS DE CUSTODIA**

* FECHA	OFICINA	TEL.	CUENTA DE VALORES				HOJA
02.07.07	BARNA-S.ANDREU	933451511	0019	0010	17	0100804861	1
* TITULAR/ES	N.I.F./C.I.F.		CODIGO CUENTA CLIENTE (C.C.C.)				
SIRA HERRERA MARTINEZ	43519731M		ENTIDAD	OFICINA	D.C.	NUMERO CUENTA	
FRANCISCO JAVIER SANZ MIRATS	52390485G		0019	0010	14	4210006966	

CLASE DE VALOR	CONCEPTO	TITULOS	NOM./EFC.*	TARIFA	IMPORTE
BN.LEHMAN BROTHERS UK 5.75%	POSICION A 29.06.07	37.000	35.797,50	2,2125%	76,07

\* TARIFA APLICADA SOBRE VALOR NOMINAL EN VALORES NACIONALES Y SOBRE VALOR EFECTIVO EN VALORES EXTRANJEROS.  
EN MOVIMIENTOS LA TARIFA APLICA SOBRE EL NUMERO DE DIAS ENTRE FECHA DE OPERACION Y FINAL DE PERIODO

PERIODO: TERCER TRIMESTRE 2007

ESTA LIQUIDACION CORRESPONDE A LA POSICION A INICIO DEL PERIODO INDICADO Y A LOS  
MOVIMIENTOS DE ENTRADA PRODUCIDOS DURANTE EL ANTERIOR.

LIQUIDAMOS EL IMPORTE TOTAL MEDIANTE ADEUDO EN CUENTA

DERECHOS DE CUSTODIA	76,07
I.V.A. 16 %	12,17
GASTOS CORREO	0,30
VALOR	TOTAL
02.07.07	88,54

DEUTSCHE BANK, Sociedad Anónima Española. - C.I.F. A-08000614 - R.M.de Barcelona,H.3.089,F.40,T.617,L.174,S.2.

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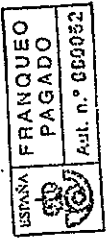
**España**

Page 2 of 3

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Francisco Padilla en Oficina

SECRET

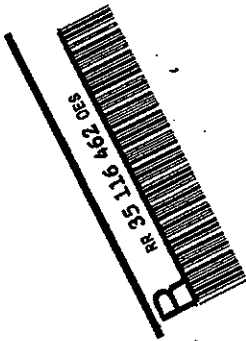


**CERTIFICADO**



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Lehman Brothers Holdings Claims  
Processing  
c/o Epq Bankruptcy Solutions, LLC  
P.O. Box 5078  
New York, NY 10150-5078  
USA



**Grupo Deutsche Bank**

**REQUEST IN RELATION TO THE PROCESS OF SUBSTITUTION OF CERTAIN PREFERRED  
SECURITIES ISSUED BY LEHMAN BROTHERS UK CAPITAL FUNDING IV L.P.**

**To: Lehman Brothers UK Capital Funding IV LP**  
25 Bank Street  
London, E14 5LE  
United Kingdom

**CC: LB GP No. 1 Ltd**  
25 Bank Street  
London, E14 5LE  
United Kingdom

Madrid, 01 December, 2008

Dear Sirs,

I am writing you as a holder of certain preferred securities (details of the securities specified in Annex 1) (the "**Preferred Securities**") issued by Lehman Brothers UK Capital Funding IV LP. (the "**Issuer**") having the benefit of a subordinated guarantee of Lehman Brothers Holdings Inc. ("**LBHI**").

The description of the Preferred Securities (the "**Description**") included in the prospectus dated 4 January 2007 (the "**Prospectus**") sets out a list of trigger events (the "**Trigger Events**").

According to the Description, a Trigger Event shall occur, inter alia, if LBHI is placed into bankruptcy, reorganisation, conservatorship or receivership.

On 15 September 2008 LBHI filed a petition in the United States Bankruptcy Court for the Southern District of New York seeking relief under Chapter 11 of the United States Bankruptcy Code.

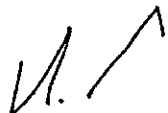
Therefore, a Trigger Event with respect to the Preferred Securities occurs and is continuing.

According to clause 5 of the Description, if a Trigger Event occurs, then, provided that no relevant Supervisory Authority (as defined in the Prospectus) has objected, LB GP No. 1 Ltd, as General Partner (as defined in the Prospectus) shall take all reasonable steps to cause the substitution of the Preferred Securities by depositary shares representing Substituted Preferred Stock (as defined in the Prospectus) and will cause notice to be given to the holders and to the Stock Exchanges (as defined in the Prospectus) that the depositary shares representing Substituted Preferred Stock will be available from the date specified in the notice.

As far as I am concerned and after asking for information to PriceWaterhouseCoopers, as administrators of the UK Lehman entities under administration, I have neither received any notice of the above mentioned substitution nor have any knowledge that the above mentioned substitution has been caused by LB GP No. 1 Ltd.

Consequently, I hereby request you that the process of substitution of the Preferred Securities by depositary shares representing Substituted Preferred Stock is initiated and that a notice that the depositary shares representing Substituted Preferred Stock are available is given.

Yours truly,



**Dña. Sira Herrera Martínez**